

2001 UNIFORM BUSINESS REPORT (UBR)

1/9/01-9

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-09-2001 90005 050 *****70.00

DOCUMENT # N00000006305

1. Entity Name

THE WORD OF WISDOM AND REVELATION MINISTRY INCOR

Principal Place of Business

927 WC STAFFORD STREET
TITUSVILLE FL 32780

Mailing Address

POST OFFICE BOX 1562
TITUSVILLE FL 32781-1562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671749

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOKHARDT, CASOYNA R
927 WC STAFFORD STREET
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P BOOKHARDT, MICHAEL E	<input type="checkbox"/> Delete
STREET ADDRESS	927 WC STAFFORD STREET	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE NAME	ST BOOKHARDT, CASOYNA R	<input type="checkbox"/> Delete
STREET ADDRESS	927 WC STAFFORD STREET	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE NAME	D Elizabeth Bookhardt	<input type="checkbox"/> Delete
STREET ADDRESS	927 W.C. Stafford St.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE NAME	D Mac Caldwell	<input type="checkbox"/> Delete
STREET ADDRESS	889 Gladiola Circle #215	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE NAME	D Bruce Meek	<input type="checkbox"/> Delete
STREET ADDRESS	207 Craft Drive	
CITY-ST-ZIP	Kings Mountain North Carolina 28086	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E Bookhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01

321-267-5574

CR2E037 (10/00)